

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 590789

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4		3				
5		6				
6		6				
7		6				
8		6				
9		6				
10		6				
11		6				
12		6				
13		6				
14		6				
15		6				
16		6				
17		6				
18		6				
19		6				
20	1					
21						
22						
23						
24						
25						
26		2				
27		2				
28		2				
29		6				
30		6				
31		6				
32		6				
33		6				
34		6				
35		6				
36		2				
37		2				
38		6				
39		6				
40		6				
41		6				
42		6				
43		6				
44		2				
45	1					
46		6				
47		2				
48		2				
49						
50		2				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		4				
53		6				
54		6				
55		6				
56		6				
57	1					
58						
59						
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97						
98						
99						
100						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	76	←		←		←
TOTAL CLAIMS	80					